SOUTH CAROLINA SECRETARY OF STATE

PUBLIC CHARITIES DIVISION

ANNUAL APPLICATION FOR REGISTRATION EXEMPTION

Filing Instructions

- Pursuant to Section 33-56-50 of the South Carolina Code of Laws, failure to complete <u>all</u> sections of this form may cause your application for exemption to be returned to you and may result in a possible violation and/or fine.
- If this is a renewal, this form cannot be accepted more than six (6) weeks prior to the current expiration.
- Please contact our office with any questions regarding this form at 803-734-1790 or email charities@sos.sc.gov.
- Mail to South Carolina Secretary of State, Attn: Division of Public Charities, 1205 Pendleton St., Suite 525, Columbia, SC 29201.
- There is no fee for the filing of this application.
- Please type or print clearly.

Name of Organization:			
Check one: [] Initi		[] Renewal to (mo/day/year)	
Enter Federal Employer's Identification Number:			(Renewal only)
EXEMPTION QUALIFICATION Select ONE of the following bases for exemption under exemption applies to your organization, you must substitute to the second seco	r section A <u>or</u> B, 1	not both. If none of these	
A. Fundraising activities are not conducted by profession co-venturers and you are: (1) an educational institution which solicits contrib faculty, friends, and other constituencies, trustees interested in and supportive of the programs of the	butions from only s, corporations, for	its students and their fami	lies, alumni,
(2) a person requesting contributions for the relief solicitation when all of the contributions collecte named beneficiary for his or her use, as long as the beneficiary;	ed, without deducti	ons of any kind, are turne	d over to the
(3) a charitable organization which (a) does not in \$20,000.00 in a calendar year and (b) has receive functions, including fundraising activities, of the persons who are compensated no more than \$500 inures to the benefit of or is paid to an officer or recognizing the charitable organization's tax-changes, amendments, or revocations to that I (4) an organization which solicits exclusively from	ed a letter of tax exection of tax exection exempts. O.00 in a year for the a member. Please exempt status froletter;	temption from the Internal appeted pursuant to this item their services and no part of provide a copy of any dom the Internal Revenue	Revenue Service, if all n are conducted by of their assets or income etermination letter Service and any
(5) a veterans' organization which has a congressi-			
(6) the State, its political subdivisions, and any age provisions of the Freedom of Information Act.	encies or departme	ents thereof which are sub	ject to the disclosure
 B. Regardless of whether your fundraising activities are counsel, or commercial co-venturers and you are: (7) a charitable organization that does not intend to \$7,500.00 during a calendar year. 		_	_

Legal Na	me of Organization:		
a. Doi:	ng Business As (DBA) Names:	(If applicable)	
		(If applicable)	
c. Orga	anization's Website:	(If applicable)	
	se provide a <u>contact person</u> for yo		
Nam	e	Title	
Addi	ress, City, State, Zip Code		
Dayt	ime Phone	Email	
Physical a	address of your organization:		
e best of my onstitute a m onprisonment a lony carrying we years, or b	y knowledge, information and b hisdemeanor carrying a penalty for not more than one year, or b g a penalty upon conviction of a fi	pplication and all attached supplementary intellief. I understand that the giving of false upon conviction of a fine of not more oth, for a first offense. A second or subseque of not more than five thousand dollars or SURER CHIEF EXECUTIVE	or incorrect information ma than two thousand dollars of quent offense may constitute
Print Nan	ne	Print Name	
Signature	Date	Signature	Date
Mailing A	address	Mailing Address	
City, State	e, Zip	City, State, Zip	
Phone Nu	mher	Phone Number	